

# Guidelines for Legal Practitioners with Suicidal Colleagues

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One of the most difficult things that life can ask of legal practitioners is to face the grim reality that one of their colleagues is suicidal. Seeing one's colleagues in pain is difficult at any time. Seeing them in such pain and distress that they consider suicide an option, can be frightening and confusing for any legal practitioner. It takes strength and courage for legal practitioners in this painful situation to seek help for their colleague and for themselves, to educate themselves about what to look for and how to intervene. An article like this one is a good start.

One of the risks is that legal practitioners will feel so overwhelmed, and so afraid of doing or saying the wrong thing, that they will be paralyzed. Legal practitioners may feel that if their relationship with the colleague and their efforts to be supportive haven't prevented things from getting this bad, then there is nothing they can do. These reactions are understandable and common, but interfere with the many important things that legal practitioners can do to help, protect, and support a suicidal colleague. In reality, legal practitioners' knowledge of their colleagues is even more important than before when the colleague is in suicidal crisis, and can be one of the key factors in making professional intervention effective. The most difficult situations are those where the troubled lawyer or judge refuses help or has withdrawn to total isolation.

So, what can legal practitioners do?

**First, legal practitioners can seek help:** for their colleagues, for their family, and for themselves. This is not easy! Often, a legal practitioner's first inclination (especially once a crisis has passed) is to want to "put it all behind us" and "move on". This is a healthy and positive impulse. However, the goal (of moving on) is much more likely to be achieved successfully when there is an understanding of exactly what needs to happen in order to make "moving on" both possible and safe. In most cases, this will involve treatment to remedy whatever problems have contributed to the troubled person's suicidal thoughts and behaviours.

Individual therapy for the suicidal colleague is commonly recommended; other forms of treatment, which may be alternatives or additions to individual work, include medication to treat diagnosed illnesses such as depression, and group or (often) family therapy. Legal practitioners may be confused as to why they are being asked to participate when it is the colleague who has the serious problem; they may even feel that a recommendation for group therapy is an indication that the law firm or department is seen as responsible for the problems. In fact, one reason for recommending group therapy is that it is a way of enlisting the most powerful allies in a colleague's life in their recovery, and of ensuring that there is teamwork in the effort to make positive changes. Also, in some cases the colleague is not motivated or, perhaps because of illness, not able to participate very much in individual treatment. In such cases the involvement of colleagues and family is even more important.

**Second, legal practitioners can educate themselves** about what factors contribute to suicide risk, both in general and (most importantly) for their particular colleagues. The key issue is pain: pain that seems intolerable to the troubled person. There are three important categories of risk factors:

- (a) Mental illnesses such as depression, or physical illness such as stroke;
- (b) Stressful life circumstances or events, such as painful losses, humiliation, or a shaming experience; and
- (c) Environmental factors, including availability of means to complete suicide; such as drug medications, firearms, or auto (carbon monoxide) in an enclosed garage.

It is very important for legal practitioners to know that in most cases, there are diagnosable and treatable mental illnesses contributing to suicidal plans and behaviours. Depression, which is often associated with suicidal thoughts and behaviours, is, sadly, very common in legal practitioners, and often undiagnosed. Lack of recognition is most likely when primary symptoms include irritation and hostility (especially common among depressed male legal practitioners) rather than sadness and crying. Becoming aware of the signs of depression, and how depression may show itself in their own colleagues, is one of the important ways legal practitioners can prepare themselves to help keep that colleague safe.

Depression has been shown to have a very clear physical basis in brain chemistry, which is one of the reasons that medication is often recommended as an important part of treatment. Fears and misunderstandings about antidepressant medication are widespread, and so it is especially helpful if legal practitioners are able to:

- (1) Get good information about the medication and its effects;
- (2) Support their colleague and pay attention to progress and signs of relapse;
- (3) Help to see that the medication is taken as prescribed; and
- (4) If the medication is not helpful, insist that the troubled person see their physician to see, first, whether a change in dosage or timing or drug may work better; and second, if stopping the medication is preferred, how to do it safely.

Other illnesses and conditions that can contribute to suicide risk include bipolar disorder (manic-depressive illness), conduct disorders, substance abuse, post-traumatic stress, borderline personality disorder, severe anxiety, and learning disabilities. Often more than one diagnosis is made, and “dual diagnosis” is very concerning. The interactions between substance abuse and either depression or conduct disorder, for example, are high-risk. In all cases, legal practitioners can be helpful in getting factual information, assisting their colleagues to get help in the form of accurate diagnosis and treatment, and being willing to share their own knowledge with lawyer assistance and other helping professionals.

The category of “stressful life events” includes a long list of events and circumstances, which have been shown to be linked to suicidal behaviour in legal practitioners, such as the following:

- C **Relationship loss** (actual, threatened, or perceived)
- C **Job loss**
- C **Financial reversals**

- C **Adjustment factors**
  - chronic illness
  - physical disability
  - perception of work-related failure
  - relationship difficulties
  - colleague difficulties
  - tax audit
  - income loss
  - capital call or crunch

- C **Performance failure**
  - perceived failure
  - loss of job, position
  - loss of client, case

- C **Family factors**
  - stress, illness or death of a family member
  - family conflict, separation, divorce
  - history of experiencing or witnessing violence or abuse
  - alcohol or drug problems in the family

It is useful to remember that almost always there has been an accumulation of stressors, often in the context of depression or another condition, rather than a single event, which “causes” the suicide attempt. Even though the colleague may identify the suicidal plan or behaviour as precipitated by a specific argument, issue or situation, for example, most often there has been a build-up of many things over time, which has led to the crisis. What is helpful about this understanding is that while there may be no single “solution” to the problems, intervening with any of the problems that have contributed can help to reduce the risk.

As listed above, some of the factors that contribute to suicide risk for lawyers can involve family issues. The “good news” about recognizing that family factors may be involved is this: if legal practitioners are able to take steps to deal with any of these problems, those actions can make a difference in the colleague’s level of suicide risk. And of course, seeing a peer getting help is an excellent example for the colleague in dealing with his or her own life problems.

In terms of environmental factors, the simple presence of a firearm in the home substantially increases the risk of suicide for everyone who lives there.

**Third, legal practitioners can learn to identify warning signs of suicide.** Warning signs may be direct and obvious, as in saying, “I want to die”, or more subtle and hidden. Once the suicide issue is out in the open, often as the result of a crisis, legal practitioners have the opportunity to consider the colleague’s recent behaviour in a new light and to understand the individual warning signs of suicide risk in their colleagues.

Common warning signs include:

- C **Preoccupation with death**, sometimes revealed directly in verbal statements and sometimes in writing or drawing or music or special interests.
- C **Self-destructive behaviour**, including both deliberate self-harm and putting oneself in high-risk situations without apparent regard for one's safety.
- C Signs of **depression** (see attached list)
- C **Changes** (including increases, decreases, and differences) in:
  - Behaviour
  - Motivation
  - Appearance
  - Mood
  - Emotions
  - Physical state(Because the changes vary so much among individuals, legal practitioners' knowledge of their colleague's typical states and behaviours is especially important).
- C **Hopelessness** is often a feature of depression, but even in colleagues who are not clinically depressed, hopelessness is very strongly associated with suicidal thinking and behaviour.
- C **Making final arrangements**: for teenagers this may mean giving away prized possessions, talking with friends, or (less often) writing notes or letters to leave behind.
- C **Lack of interest** in future plans
- C **Substance abuse** (in a vulnerable person, increases impulsivity and disinhibits).

**Fourth, legal practitioners can learn the basic do's and don'ts of crisis intervention.**

**Do:**

- C Ask about suicidal thoughts and plans. Contrary to popular myth, asking about suicide will not "get them thinking about it". Asking in fact reduces the risk somewhat, and is a necessary step in getting the colleague help.
- C Know the warning signs.
- C Act calm. This something to aim for, not expect; notice, it says "act" calm. Soothing tones of voice can make a difference.
- C Try for acceptance and honesty. Legal practitioners don't want their colleagues to be in pain, and so accepting that they are suicidal can be very difficult.
- C Look for ambivalence. Most suicidal people want to live as well as wanting to die; the desire for life can be an important basis for helping.
- C Give them a sense of control. To the extent that they are capable, suicidal people should be offered choices; for example, if they can participate in the decision to get help, this is ideal
- C Offer comfort. Legal practitioners may feel that the simple comforts that might be helpful to their colleagues in a less serious situation are inadequate in the face of a suicidal crisis; but anything that makes even a small difference can help. Because suicidal people are often not thinking very clearly and are very negatively focused, concrete reminders of positive relationships and events are recommended.
- C Contract. A contract typically specifies that the suicidal person agree to remain safe and to contact help if the suicidal impulse intensifies, as well as what helpers will do. Contracts are no guarantee, but can be helpful as one component of intervention.

- C Block the exit. This is critical: whenever possible, eliminate or block access to the intended means of suicide. Get rid of firearms, poisons, knives, etc.
- C Get help--for them and for you. There is a range of options for getting help in a crisis, from contacting a family doctor or counsellor at school through various crisis-specific services (hospital emergency, mobile crisis unit, distress line, etc.). If the colleague is unwilling or unable to cooperate, an ambulance or police can be called.

**Don't:**

- C Panic.
- C Ignore the signals
- C Wait.
- C Promise secrecy.
- C Leave the person alone.
- C Debate the morality of suicide
- C Tell the person to be grateful for what they have--this is almost guaranteed to convince them that you cannot understand their pain.
- C Say that everything will be all right.
- C Challenge the person to go ahead. "Calling their bluff" is simply too risky.
- C Do nothing-- do something.

The essentials in a suicidal crisis are to keep the person safe, to respond (do something!) and to get the person help. Often, a crisis can be the beginning of helpful intervention and change.

**Fifth, legal practitioners can advocate for their colleague's treatment needs.** Helpful treatment is widely available but not always easily accessible. Any of the following resources may be able to provide either (a) direct help or (b) referrals to appropriate agencies or individuals:

- C Family doctors
- C Hospitals
- C Crisis centres
- C Mental health clinics
- C Private practitioners, e.g. psychiatrists, social workers, psychologists (many employed legal practitioners have insurance coverage which will cover all or part of these costs)
- C Family and friends--especially any whose own colleagues have also had difficulties
- C Employee Assistance Programs (EAPs), where available; these are confidential and most provide family treatment
- C Clergy: many have training in counselling and most will be able to make suggestions about other resources as well as offering support
- C Self-help programs for legal practitioners and families

Legal practitioners are often easily discouraged in their help-seeking, especially if there are delays or complications in the process. Legal practitioners can be of great assistance in actively pursuing treatment opportunities. One of the most common complications encountered is long waiting lists. Sometimes the wait sounds so impossibly long, given the severity of the crisis, that people do not even bother to continue the referral and get on the list. I strongly recommend that legal practitioners (a) get on the list! --Appointments can be cancelled if something else turns up; (b) continue to look for alternatives in the meantime; and (c) call regularly to inquire about where they are on the list and to remind the agency or individual involved that they are eager to be seen and (if possible) willing to come on short notice if there is a cancellation. There are no guarantees, but “squeaky wheels get grease”.

**Sixth, legal practitioners can watch for signs of progress.** Just as it is important to be aware of warning signs and be prepared to act, it is important that legal practitioners be oriented to positive change and are prepared to reinforce and celebrate such changes. Like warning signs, signs of progress are highly individual. Some common examples of signs of progress include:

- C crying, or saying “I feel sad”: for a colleague whose emotions have been hidden and unexpressed, such direct statements are a positive alteration, as well as offering legal practitioners the opportunity to respond supportively
- C being obnoxious: not generally considered a positive! --But for some depressed colleagues who have been withdrawn and listless, more normal boisterousness and know-it-all assurance can be a plus.
- C asking for help: being able to ask more directly for help when it is needed is an important element of increased safety.
- C making future plans
- C showing pleasure or enjoyment--especially when formerly pleasurable activities had lost their interest for the colleague
- C recovery in sleep, eating, and energy
- C development of new pain management or coping skills (positive alternatives to “SOS” -- “suicide as the only solution”)

The list above is necessarily incomplete; legal practitioners can and should identify what specific changes will signal progress for their colleagues.

**Seventh, legal practitioners can model self-care.** Even when the relationship between legal practitioners and colleagues is conflicted, colleagues still look to their legal practitioners first to see what their lives as adults will be like; and even the most apparently rebellious colleagues model themselves in many ways on their legal practitioners’ example. (One demonstration of this is the kind of advice they give their friends!) Someone has said that “Five percent of colleagues will do what you tell them; Ten percent will do what you ask them; Ninety percent will do what you do.” This maxim highlights how important it is that legal practitioners show their colleagues healthy ways of living and dealing with problems. However, healthy coping and lifestyle choices can be challenging to develop and maintain, especially when legal practitioners are also trying to support and care for a troubled colleagues.

An important first step for legal practitioners of suicidal colleagues in setting a positive example for their colleagues is to acknowledge their own emotional reactions to the situation. Normal reactions legal practitioners may experience include the following:

guilt	grief
fear	confusion
resentment	frustration
anger	disbelief
denial	impatience
panic	shame
relief	hopelessness
sympathy	helplessness

Second, legal practitioners can model appropriate help-seeking, by having people they confide in, relying on the supportive relationships in their lives, and using professional help when needed. Positive attitudes about seeking help are also important and can be helpful to young people who may fear that going for help means that they are weak, bad, or hopelessly sick. Legal practitioners can present a constructive alternative to these fears by saying and demonstrating that getting help when needed is positive, strong, responsible behaviour, and that treatment is something that can help people feel and function better and give them new skills for living well.

Other aspects of modelling self-care by legal practitioners may include lifestyle changes to reduce stress and improve general health; learning to live “one day at a time”; relying on strengths; and developing the capacity to recognize and celebrate small improvements.

**Eighth, legal practitioners can do whatever it is that they know will make a positive difference for their colleagues.** There are two primary goals in keeping young people safe from suicide: (a) reducing pain and (b) supporting and reinforcing the individual’s reasons for living. Both the sources of pain and the reasons people find to continue living in spite of it are highly individual. Those who know and love troubled colleagues best, their legal practitioners, are in an excellent position to help their colleagues with both. Anything legal practitioners do to support their colleague’s sense of positive self-esteem and self-efficacy is helpful in reducing their risk of suicide.

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